

FORM TO BE USED BY A PRISONER IN FILING A CIVIL RIGHTS COMPLAINT

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA(1) DAVID L. Risher 158500
(Name of Plaintiff) (Inmate Number)660 State Route 11 Fork
(Address) CREEK PA 18621(2) _____
(Name of Plaintiff) (Inmate Number)_____
(Address)(Each named party must be numbered,
and all names must be printed or typed)

vs.

(1) John Wetzel(2) Vincent E. Mooney(3) Dr. Stanley Stanish
(Names of Defendants)(Each named party must be numbered,
and all names must be printed or typed)17-1659
(Case Number)

CIVIL COMPLAINT

FILED
SCRANTON

SEP 14 2017

PER [Signature]
DEPUTY CLERKTO BE FILED UNDER: ☒ 42 U.S.C. § 1983 - STATE OFFICIALS☐ 28 U.S.C. § 1331 - FEDERAL OFFICIALS

I. PREVIOUS LAWSUITS

- A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

N/A

II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

- A. Is there a prisoner grievance procedure available at your present institution? ☒ Yes ☐ No
- B. Have you fully exhausted your available administrative remedies regarding each of your present claims? ☒ Yes ☐ No
- C. If your answer to "B" is Yes:
1. What steps did you take? I USED GRIEVANCE FORMS DC-804
 2. What was the result? ALL WERE DENIED FOR FARIOUS REASONS
- D. If your answer to "B" is No, explain why not: N/A

III. DEFENDANTS

- (1) Name of first defendant: John Wetzel
 Employed as Head of DOC. at _____
 Mailing address: _____
- (2) Name of second defendant: VINCENT E. MOONEY
 Employed as SUPERINTENDANT at SCI - RETREAT
 Mailing address: 660 STATE ROUTE 11 HUNLOCK CREEK, PA. 18621
- (3) Name of third defendant: D.R. STANLEY STANISHA
 Employed as DOCTOR at SCI - RETREAT
 Mailing address: 660 STATE ROUTE 11, HUNLOCK CREEK PA, 18621

(List any additional defendants, their employment, and addresses on extra sheets if necessary)

IV. STATEMENT OF CLAIM

(State here as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets if necessary.)

1. ON 6/24/2017 I GRIEVANCED MR. WETZEL
BECAUSE HE WAS THE LAST PERSON TO CONTACT ABOUT
MY MEDICAL PROBLEM. HE IS THE HEAD OF THE

Extra paper for complaint

1. cont: I still have not heard back from secretary wetzel. The Grievance system stops at the top.
2. Vincent Mooney stated that my Grievance was denied on 6-18-17. Grievance No. 682656.
3. I am not getting any medical treatment at all. Doctor Spanish throws me out of the Doctors office because he is tired of me going to him on sick calls.

Department of Corrections.

2. Vincent E. Mooney is the superintendent at SCI - Pottsville. I grievanced doctor Standish about my hernia and the pain & discomfort I am in.
3. Dr. Standish will not send me for a second opinion and I am in a lot of pain. My hernia has grown to an enormous size. I can't even sleep well cause of the pain.

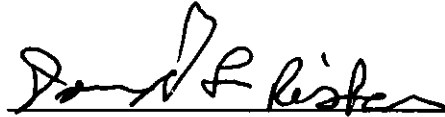
V. RELIEF

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. I am looking to have an operation to get rid of my hernia. I am in extreme pain.
2. I am looking to be paid for my pain and suffering.
3. I am looking for this not to happen to any other inmates. This is abuse.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this July day of 22, 2017.



(Signature of Plaintiff)

David Risher
LS 3500
600 State Route 11
Hunlock Creek, 18621
Block DA-05-01

RECEIVED
SCRANTON

SEP 14 2017

PER  DEPUTY CLERK

INMATE MAIL-PA
DEPT. OF CORRECTIONS

Office of
United States
Middle District
William
and U.S.C.
235 North
P.O. Box
Scranton,